

## **CAUTION:**

**IF YOU ARE USING A PUBLIC ACCESS  
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)  
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN  
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED  
ACCESS TO PERSONAL INFORMATION SUCH AS  
YOUR NAME, HOME ADDRESS, AND  
SOCIAL SECURITY NUMBER.**

Department of Health and Human Services  
Public Health Services

Period Covered by this Report

**Annual Report on  
Possible Misconduct in Science**

Place mailing label here.

The public reporting burden for this collection of information is estimated to average 3-1/2 hours, including the time for reviewing instructions, gathering needed information, and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Reports Clearance Office, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, Attention: PRA; and to the Office of Management and Budget, Paperwork Reduction Project (0925-0355), Washington, D.C. 20503.

Phone Number (including area code)

**Section I. Update of Policies and Procedures**

1. Have there been any substantive changes in the policies and procedures of your institution for dealing with possible misconduct in science?  <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, briefly describe): (Use attached sheet if needed.)	2. Has there been a change (from the name on the label above) in the individual responsible for scientific misconduct policy?  <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, give new name):	3. Do the policies and procedures for dealing with allegations of scientific misconduct in PHS-supported research also apply to research supported by other entities or agencies?  <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain):
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**Section II. Types of Misconduct Activity RELATED TO PHS APPLICATIONS AND AWARDS**

Please indicate the type of scientific misconduct involved in each allegation, inquiry, and investigation initiated during the report period for research related to U.S. Public Health Services sources. (Place an "x" in each applicable box under "Type of Misconduct" heading.) (Do not include any alleged fiscal misconduct or alleged violations of human subjects or animal subjects protections.)

(For allegations, include only reports of misconduct received by institutional officials that fall within the definition of "scientific misconduct." Not all allegations will result in an inquiry, since an initial assessment may conclude that an allegation is not sufficiently supported to warrant such action.)

Type of Activity	Potential PHS Source (To which PHS institute or agency was the application sent or award granted?)	Types of Misconduct			
		Fabrication	Falsification	Plagiarism	Other Serious Deviations From Accepted Scientific Practices
Allegations	1				
	2				
	3				
	4				
Inquiries	1				
	2				
	3				
	4				
Investigations	1				
	2				
	3				
	4				

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**Section III. Handling of PHS-Related Misconduct Activity**

Type of Activity	Number completed during the reporting period	Of those completed, number that took more than . . .	Number still underway at end of reporting period	Of those still underway, number that took more than . . .
Inquiries		60 days:		60 days:
Investigations		120 days:		120 days:

**Section IV. Types of Misconduct Activity NOT Related to PHS Sources**

*This section is voluntary.* You may report scientific misconduct related to research supported by agencies or entities other than the PHS (such as another Federal department or agency, state or local government, institutional or private source).

This information is completely voluntary on your part. It would be useful to us to obtain the clearest possible picture of the incidence of scientific misconduct. (Place an "x" in each applicable box under "Type of Misconduct" heading.)

Type of Activity		Non-PHS Source (To which non-PHS source was the application sent award granted?)	Types of Misconduct			
			Fabrication	Falsification	Plagiarism	Other Serious Deviations From Accepted Scientific Practices
Allegations	1					
	2					
	3					
	4					
Inquiries	1					
	2					
	3					
	4					
Investigations	1					
	2					
	3					
	4					

**Section V. Certification**

Name of Official Certifying for Institution (Typed) (Must be same person whose name is on the label on the reverse side or in Section I, Item 2.)	Signature	Date
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Return this form to:

Assurance and Annual Report Section  
Office of Scientific Integrity  
National Institutes of Health  
Building 31, Room B1-C39  
9000 Rockville Pike  
Bethesda, Maryland 20892

*Thank you for your assistance with this report.*